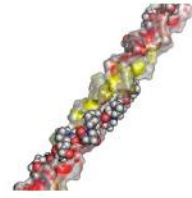




REQUEST FOR:
Beta 2 Transferrin
(B2TF)



SURNAME	FORENAME		KING'S LAB NUMBER
CLIENT CODE & UNIT NUMBER () _____	D.O.B	GENDER	INITIATING LAB NUMBER
NAME & ADDRESS OF SENDER		CLINICAL DETAILS	
SPECIMEN DATE & TIME	FLUID LOCATION	SIGNATURE OF SENDER	CONTACT NUMBER